**Goldfarb Nursing Student Request for Religious Exemption from Vaccination**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_ Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Academic Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Students Only:** Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Returning from LOA:** Return Date: \_\_\_\_\_\_\_\_\_\_

1. Please state which vaccine from which you are seeking an exemption (check all that apply):

\_\_\_\_ Influenza

\_\_\_\_ COVID-19

\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify)

1. Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for religious accommodation.
2. How long you have held this belief, practice, or observance?
3. Please explain how your sincerely held religious belief, practice, or observance conflicts with the BJC’s COVID-19/Influenza/\_\_\_\_\_\_\_\_ vaccine mandate.
4. If you have received vaccines in the past, what has changed?
5. Have you received religious exemptions from receiving the following vaccines? If yes, please note the date you received the exemption.

\_\_\_\_\_\_\_\_\_ Influenza vaccine

\_\_\_\_\_\_\_\_\_ Measles, Mumps, Rubella vaccine

\_\_\_\_\_\_\_\_\_Tetanus, Diphtheria, Pertussis vaccine

\_\_\_\_\_\_\_\_\_Chicken pox vaccine

\_\_\_\_\_\_\_\_\_\_COVID-19 vaccine

1. Please describe how your sincerely held religious belief, practice, or observance has affected your receipt of other vaccines, including Influenza vaccine; Measles, Mumps, Rubella vaccine; Tetanus, Diphtheria, Pertussis vaccine; Chicken pox vaccine.
2. In some cases, BJC will need to obtain additional information and/or documentation about your sincerely held religious practice(s) or belief(s) or may need to discuss the nature of your religious belief(s), practice(s), and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an exemption. If requested, can you provide documentation to support your belief(s) and need for an accommodation?

\_\_\_\_ Yes \_\_\_\_\_\_ No

If no, please explain why.

I affirm that COVID-19/Influenza/\_\_\_\_\_\_\_\_ vaccination is contrary to my religious beliefs, and that my objections to this vaccination are not based solely on grounds of personal philosophy, preference, or inconvenience.

I verify that the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

If I am granted an exemption, I will be required to abide by additional infection control measures, which may include

* students may not be assigned to bone marrow transplant units or to patients who are severely immunocompromised;
* wearing a surgical or isolation mask in all areas while at work;
* physical distancing;
* weekly surveillance testing; and/or
* any other mitigation measures to guard against the spread of COVID-19/Influenza/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or any other disease adopted by the facility where I attend clinicals.

I also understand that my request for an exemption may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace or if it creates an undue hardship for BJC.

Student Signature Date

(Ink Signature Required)

**Next Steps:**

* Upon completion of this form, please email the form and any supporting documents as an attachment to BJC Human Resources for processing at **idam-admin@bjc.org**
* BJC will make every attempt to notify you of the determination made on your request by email within **5 business days** but may be delayed if unforeseen circumstances arise.

**For Human Resources Use**

Date received in Human Resources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Review of Requested Accommodation

Approved: Denied:

Reason for denial:

\_\_\_\_\_ Request is a not based on a sincerely held religious, moral, or ethical belief

\_\_\_\_\_ Request does not identify why the belief precludes vaccination(s)

\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review and Notification Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional information: